

Applicant First/Last Name: _____

Email: _____

UNDERGRADUATE TRANSFER STUDENT ADMISSION
Saint Louis University

JOURNAL of EXPERIENCES in OCCUPATIONAL THERAPY

Name and location of experience	Date and Number of Hours	Description of Facility	Summary of Experience
	____/____/____ _____ hours	<input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Home Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Community <input type="checkbox"/> Other	
	____/____/____ _____ hours	<input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Home Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Community <input type="checkbox"/> Other	

*Add additional rows as needed. Email completed form to OT@slu.edu.